

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7909</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>ROBERT</u> <u>C</u> <u>BUCKLEY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>227 RIDGE AVE</u> City <u>SHARPSVILLE</u> State <u>PA.</u> ZIP Code + 4 <u>16150</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 261</u> Labor Organization File Number <u>015-399</u> P.O. Box, Building and Room Number, if any _____ Street <u>351 NORTHGATE CIRCLE, SUITE - A</u> City <u>NEW CASTLE</u> State <u>PA.</u> ZIP Code + 4 <u>16105</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income: _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert C Buckley

On

8-5-05

Date

724-658-5554 EXT. 13

Telephone Number

Name of Person Filing	ROBERT BUCKLEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>JUBELIRER, PASS &amp; INTRIERI, P.C.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>219 FORT PITT BOULEVARD</u></p> <p>City <u>PITTSBURGH</u></p> <p>State <u>PA.</u> ZIP Code + 4 <u>15222</u></p>	<p>14.a. Nature of payment.</p> <p><u>CHRISTMAS GIFT OF FOOD</u></p> <p><u>VALUED AT \$50.00 FROM</u></p> <p><u>LAW FIRM WHO REPRESENTS</u></p> <p><u>TEAMSTERS LOCAL 261</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$50.00</u></p>

Name of Person Filing

ROBERT BUCKLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name VERIZON WIRELESS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3025 GLIMCHER BLVD.

City HERMITAGE

State PA ZIP Code + 4 16148

14.a. Nature of payment.

\$50<sup>00</sup> REBATE OFFER ON  
CELL PHONE - PAID BACK  
TO LOCAL 261 ON 9-8-04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$50<sup>00</sup> - \$50<sup>00</sup> = 0

Name of Person Filing

ROBERT BUCKLEY

File Number U-

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8. Name and address of Business (including trade name, if any).

Name YANNI &amp; COMPANY INVESTMENTS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 420 FORT DUQUESNE BLVD.

City PITTSBURGH

State PA ZIP Code + 4 15222

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 261 &amp; EMPLOYERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 351 NORTHGATE CIRCLE SUITE B

City NEW CASTLE

State PA ZIP Code + 4 16105

11.a. Nature of such dealing.

MONEY MANAGER FOR TEAMSTERS  
LOCAL 261 & EMPLOYERS WELFARE  
FUND

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

GOLF OUTING AND BREAKFAST ON  
10-27-04 AT STONEWALL JACKSON  
GOLF COURSE. VALUE - \$91.00

12.b. Amount.

\$ 91.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROBERT BUCKLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HIGHMARK BLUE CROSS OF W. PA.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 120 FIFTH AVE. SUITE - 2307

City PITTSBURGH

State PA ZIP Code + 4 15222

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 261 &amp; EMPLOYERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 351 NORTHGATE CIRCLE, SUITE - B

City NEW CASTLE

State PA ZIP Code + 4 16105

11.a. Nature of such dealing.

HEALTHCARE PROVIDER TO  
TEAMSTERS LOCAL 261 & EMPLOYERS  
WELFARE FUND

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

GOLF OUTING, BREAKFAST, AND  
LUNCH ON 8-31-04 AT TOM'S  
RUN GOLF COURSE.  
APPROX VALUE - \$150.00

12.b. Amount.

\$ 150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ROBERT C. BUCKLEY  
227 RIDGE AVENUE  
SHARPSVILLE, PA 16150

August 11, 2005

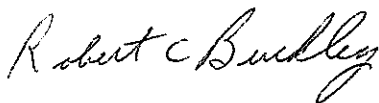
U.S. Department of Labor  
ESA / OLMS, Room N – 5616  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Dear Sirs:

The transactions, dealings and interests that are reported in the attached form represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted.

If, in the future it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended form LM30.

Very Sincerely,

A handwritten signature in cursive script that reads "Robert C. Buckley". The signature is written in dark ink and is positioned above the printed name.

Robert C. Buckley